

BEST AVAILABLE COPY

Vonda M. Wallace
Paralegal Specialist
FILING DATE

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

08/750715

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
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49						
50						
TOTAL IND.	31					
TOTAL DEP.						
TOTAL CLAIMS	31					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
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TOTAL CLAIMS								